## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10020747

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		10					RATE	FEE	1	RATE	FEE		
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS		/8 - minus 20=		* —			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			4- minus 3 =		* /			X42=	14.	OR	X84=	84	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	10.1	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	**************************************	OR	TOTAL	824		
	CLAIMS AS AMENDED - PART II										OTHER		
_		(Column 1)		(Colu		(Column 3)		SMALL	3.27 3.3	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	16	Minus	**	00	-0		X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF M	Minus	***	CLAIM	- 0		X42 <b>=</b>		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
	•		•					TOTAL ADDIT, FEE	:	OR	TOTAL ADDIT. FEE	<b>(</b> )	
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	** 6	20	=		X\$ 9=		OR	X\$18=		
	Independent	* G NTATION OF MI	Minus	***	3 CLAIM	1-64	4 1	X42=		OR	X84=	165	
_	THOTTHEOL	ITATION OF IN	JEIN CE DEI	LINDEN	OD WIN		-	+140=		OR	+280= (		
							•	TOTAL		OR	TOTAL ADDIT, FEE	168	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	<u> </u>	<u> -</u>	11	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		On			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE		
		mber Previously Pa her Previously Pa					er fou	ind in the app	ropriate box				

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